Regulation of skeletal muscle recovery

Stellingen behorend bij het proefschrift

'Regulation of skeletal muscle recovery – implications for COPD'

1. The anabolic and catabolic signaling pattern in skeletal muscle of clinically stable sarcopenic COPD patients reflects ongoing repair or remodeling. (*this thesis*)

2. A differential molecular expression pattern does not necessarily imply an impaired coordination of molecular processes. (*this thesis*)

3. Unhealthy lifestyle-related factors are associated with a delayed skeletal muscle remodeling response to pulmonary rehabilitation. (*this thesis*)

4. Postnatal myonuclear accretion contributes to plasticity of both muscle quantity and quality. (*this thesis*)

5. Adding dimensions to muscle research will be essential towards a deeper understanding of muscle maintenance.

6. A timely and timeless notion; Understanding complex signaling networks will provide a clear molecular view of the interactions of individuals with their environment. (adapted from *Weng et al. 1999 Science*)

7. Both clinical and basal skeletal muscle research should focus more on prevention instead of treatment of muscle pathologies.

8. The recent insight in the influence muscle fiber capillarization on the satellite cell response in elderly (*Snijders et al. 2016 JCSM*), urges a further exploration of this interaction during rehabilitation in patients with COPD.

9. Optimization and validation of *in vitro* skeletal muscle models contributes to replacement, reduction, and refinement of animals in research.

10. It is better to see science as a quest for good questions to try to answer, rather than a quest for bold hypotheses to try to refute. (*Glass et al. 2008 Cell*)

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